

Name in Full		Alvin V. Blackwell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Easton</u> Town		<u>Talbot</u> County		MARYLAND		
	Date of death	<u>1906</u> Month	<u>30</u> Day	Age	Years	Months	Days
	Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birthplace <u>Easton, Md</u>		
	Occupation <u>                    </u>			Where Residing if not at place of death <u>                    </u>			
	Married, Single or Widowed <u>                    </u>		Name of Wife or Husband <u>                    </u>				
	Father's Name <u>Benjamin Gibson</u>				Father's Birthplace <u>Md</u>		
	Mother's Maiden Name <u>Elizabeth Blackwell</u>				Mother's Birthplace <u>Md</u>		
	Name of person giving information <u>Peter Blackwell</u>				How related to deceased <u>S. Father</u>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<u>Measles</u>		How long <u>10 days</u>		
	Immediate		<u>convulsions</u>		How long <u>4 1/2 hours</u>		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>J. B. Smith</u>			
				Address <u>Easton Md</u>			
	Accident or Suicide?						

Burned at  
Hammond Town  
May 184

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Isaac James Blunt #20/100		Town		County		MARYLAND	
Died at Easton		Salbot					
Date of death 1906		Month April		Day 3		Age 68	
Sex Male		Color or Race White		Birth-place Md			
Occupation Salesman		Where Residing if not at place of death X					
Married, Single or Widowed Single		Name of Wife or Husband X					
Father's Name James R Blunt		Father's Birthplace Md					
Mother's Maiden Name Henshaw Baggs		Mother's Birthplace Md					
Name of person giving information Jos. B Harrington		How related to deceased Cousin					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Depression of spirit	How long	don't know
	Immediate	Suicide	How long	24 hours
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. R. Rippe	
	Shot himself through the head with a .6 caliber bullet		Address Easton	

Accident or Suicide?



Name  
in  
Full

Georgianna Brummel

## CERTIFICATE OF DEATH

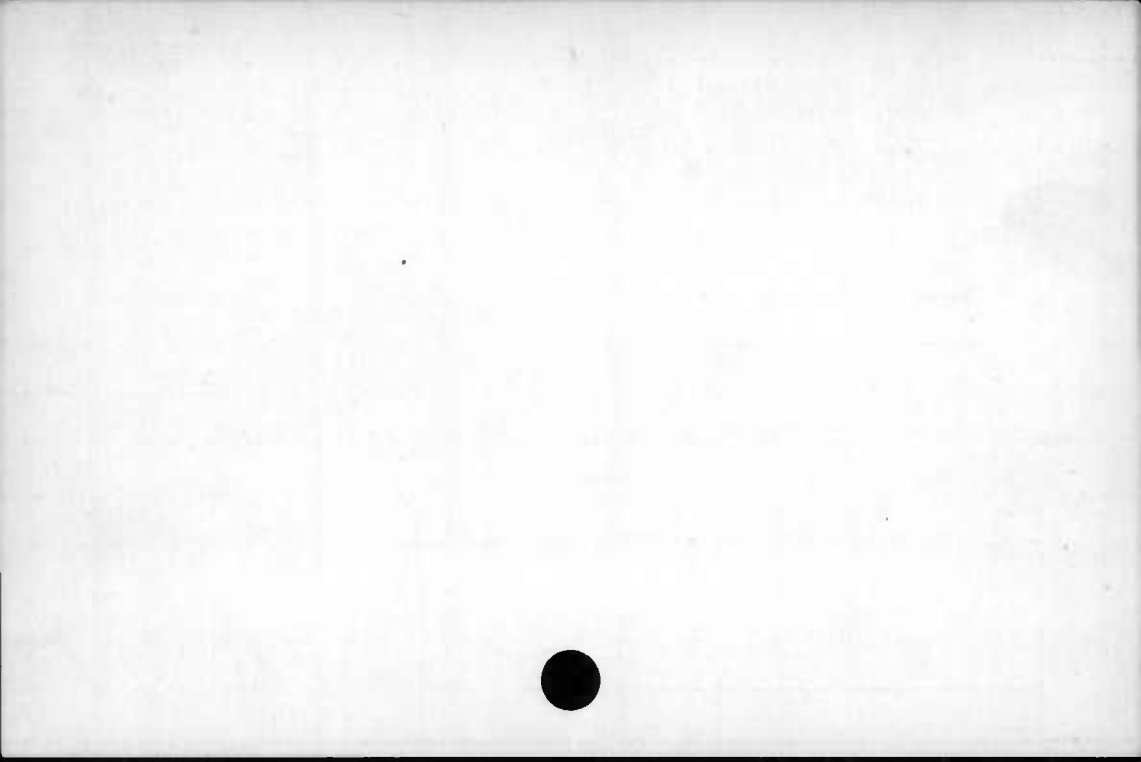
TO BE ANSWERED BY  
NEAREST FRIEND

Died near <sup>town</sup> <i>Prappe</i>		County <i>Talbot</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>4</i>	Day <i>29</i>	Age <i>3</i>	Months <i>11</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Talbot Co, Md</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>George Brummel Jr.</i>			Father's Birthplace <i>Talbot Co Md</i>		
Mother's Maiden Name <i>Sarah Emily Camper</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Geo Brummel</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks -</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph A Cross Md</i>
	Address <i>Prappe, Talbot Co Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wheaton</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u>	Month	<u>April</u>	Day	<u>7</u>
Age	<u>60</u>	Years		Months	<u>4</u>
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birthplace	<u>Easton</u>
Occupation	<u>Farmer</u>				
Where Residing if not at place of death	<u>X</u>				
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Mary Chamberlain</u>		
Father's Name	<u>Joseph Chamberlain</u>			Father's Birthplace	<u>Easton</u>
Mother's Maiden Name	<u>Lizzie Grant</u>			Mother's Birthplace	<u>Easton</u>
Name of person giving information	<u>Joe Chamberlain</u>			How related to deceased	<u>friend</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>2 weeks</u>
Immediate	<u>Old age</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>A A Hughes</u>	
		Address <u>Wheaton</u>	
Accident or Suicide?			





Name  
in  
Full

Richard D. Clark

4/20/TX

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Tilghman* Town

County

*Talbot*Date  
of death *1906*

Month

*4*

Day

*25*

Years

Age *69*

Months

Days

Sex

*Male*Color or  
Race*White*Birth-  
place*Virginia*

Occupation

*Painter*Where Residing if not  
at place of death*Tilghman*~~Married, Single~~  
or WidowedName of Wife or  
Husband*Anna Clark*Father's  
Name*Unknown*Father's  
Birthplace*Don't know*Mother's  
Maiden NameMother's  
Birthplace*VA*Name of person giving  
Information*Sam'l Fraughton*How related  
to deceased*Son in Law*

## CAUSES OF DEATH

*155*PHYSICIAN  
OR CORONER

Primary

*Large doses of Laudanum*

How long

*30 hours*

Immediate

*Poisoning*

How long

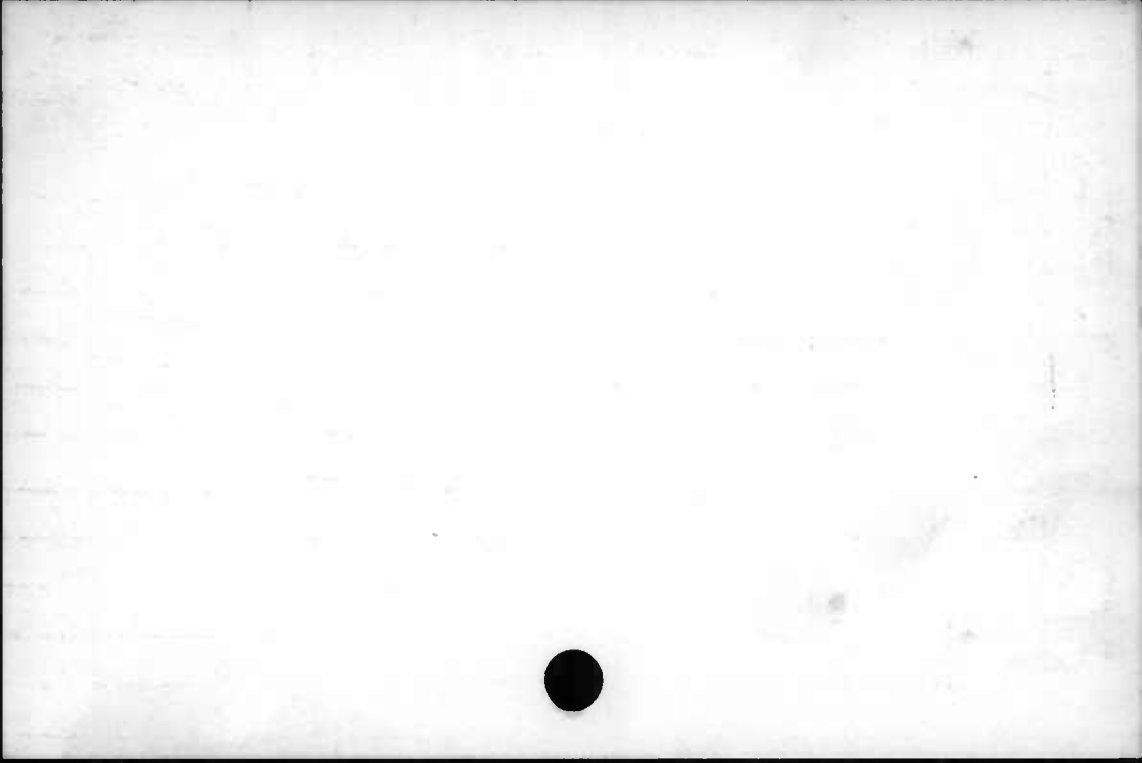
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*W. W. Chaires*

Address

*Tilghman Veda*

Accident or Suicide?

*Suicidal*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Easton</i> Town		County <i>Talbot</i>			
Date of death	1906	Month <i>Apr</i>	Day <i>15</i>	Age <i>55</i>	Years <i>6</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Talbot Co</i>		
Occupation <i>Stone cutter</i>	Where Residing If not at place of death <i>Easton, Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Jane Collins</i>				
Father's Name <i>Daniel Collins</i>	Father's Birthplace <i>Talbot Co</i>				
Mother's Maiden Name <i>Angeline Gonsel</i>	Mother's Birthplace <i>Talbot Co</i>				
Name of person giving information <i>Mary J Collins</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's disease</i>	How long <i>6 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>after weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. R. Ruppe M.D.</i>
	Address <i>Easton</i>
Accident or Suicide?	<i>Md</i>

Hammond Inn  
Apr 17

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Castons</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>April</i>	Day <i>9<sup>th</sup></i>	Age <i>11</i> Years	Months <i>7</i>	Days <i>8</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Talbot Co.</i>		
Occupation <i>school boy</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Charles Copper</i>	Father's Birthplace <i>Talbot Co.</i>		Mother's Birthplace <i>" "</i>		
Mother's Maiden Name <i>Mary Price</i>	Name of person giving information <i>Charles Copper</i>		How related to deceased <i>Father</i>		

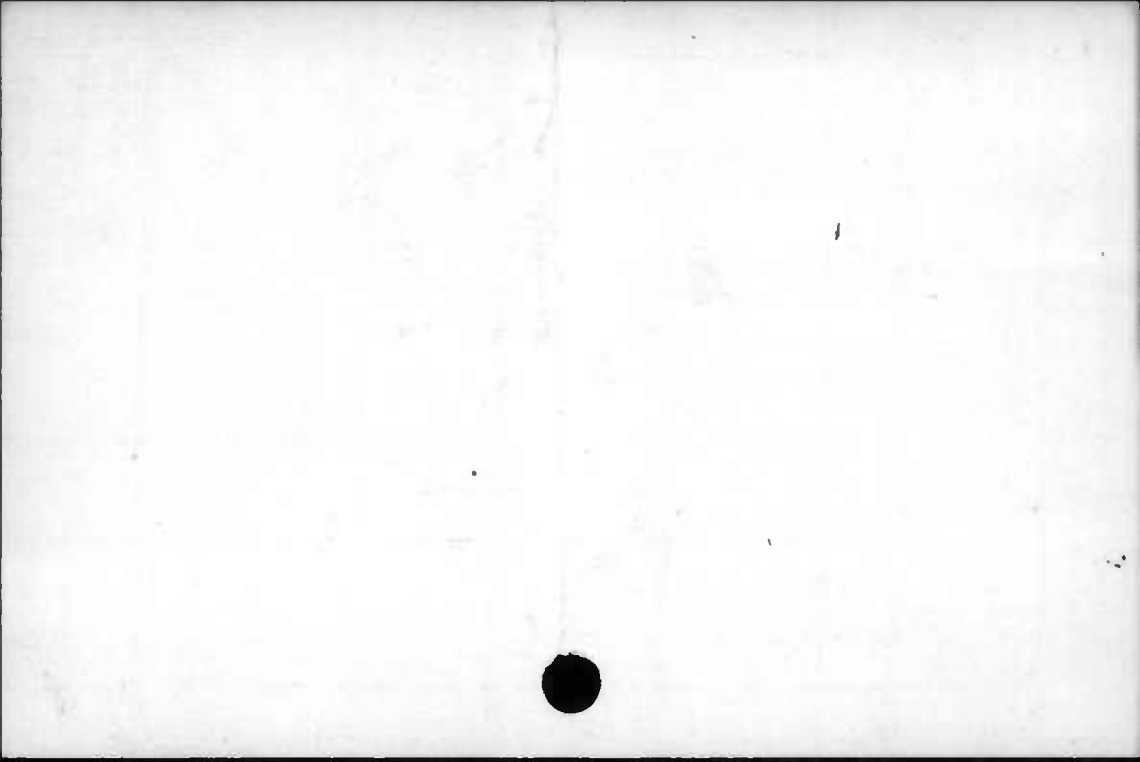
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enteric fever</i> ①	How long <i>3 wks.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. B. Hayward M.D.</i>
<i>Yes.</i>	Address <i>Castons, Md.</i>
Accident or Suicide?	

Apr 11/06.  
Hammond Conn

Name in Full		<i>Monna Copper</i>				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND
	Date of death	<i>1906</i>	Month <i>4</i>	Day <i>13</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>
	Sex <i>Male</i>		Color or Race <i>African</i>		Birth- place <i>Easton Md</i>		
	Occupation <i></i>				Where Residing if not at place of death <i></i>		
	Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>				
	Father's Name <i>Frank Copper</i>				Father's Birthplace <i>Talbot Co Md</i>		
Mother's Maiden Name <i>Rachel Gibson</i>				Mother's Birthplace <i>Talbot Co Md</i>			
Name of person giving In formation <i>Frank Copper</i>				How related to deceased <i>Father</i>			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		<i>Birth</i>			How long <i>24 hrs</i>	
	Immediate		<i>Strangulation</i>			How long <i>6 hrs.</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>P. O. Williams M.D.</i>		
					Address <i>Easton Md</i>		
	Accident or Suicide?						





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Near Easton</i>		Town <i>Talbot</i>		County <i>Talbot</i>
	Date of death <i>1906</i>		Month <i>April</i>	Day <i>10</i>	Age <i>19</i>
	Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Talbot County</i>	
	Occupation <i>Substitute Mail Driver</i>		Where Residing if not at place of death <i>Easton</i>		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>		
	Father's Name <i>Robert M. Goulby</i>		Father's Birthplace <i>Kent Co Del</i>		
	Mother's Maiden Name <i>Althea Adams</i>		Mother's Birthplace <i>Dover Del</i>		
	Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Drowning</i>		How long <i>172</i>		
	Immediate <i>Heart failure</i>		How long <i>-</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. D. Willcox M.D.</i>		
			Address <i>Easton Md.</i>		
Accident or Suicide?					



Name in Full *Eliza C. Evans*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>near Easton</i>		Town <i>Salisbury</i>		County <i>Salisbury</i>			
Date of death <i>1906</i>	Month <i>April</i>	Day <i>7</i>	Age <i>80</i>	Years <i>-</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Med Del.</i>				
Occupation			Where Residing if not at place of death <i>X</i>				
<input checked="" type="checkbox"/> Married, Single			Name of Wife or Husband <i>1st Martha Warner</i> <i>2nd Belle H. Hades</i>				
Father's Name <i>Eliza Evans</i>			Father's Birthplace <i>Del.</i>				
Mother's Maiden Name <i>Sallie Barker</i>			Mother's Birthplace <i>Del.</i>				
Name of person giving information <i>Thos H Evans</i>			How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>old age</i>	How long <i>- -</i>
Immediate <i>Paralysis</i>	How long <i>Zero months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. R. Zuppe</i>
	Address <i>Easton</i>
	<i>Med</i>
Accident or Suicide?	

10 at Boston

Name  
in  
Full

Roy C. Frampton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

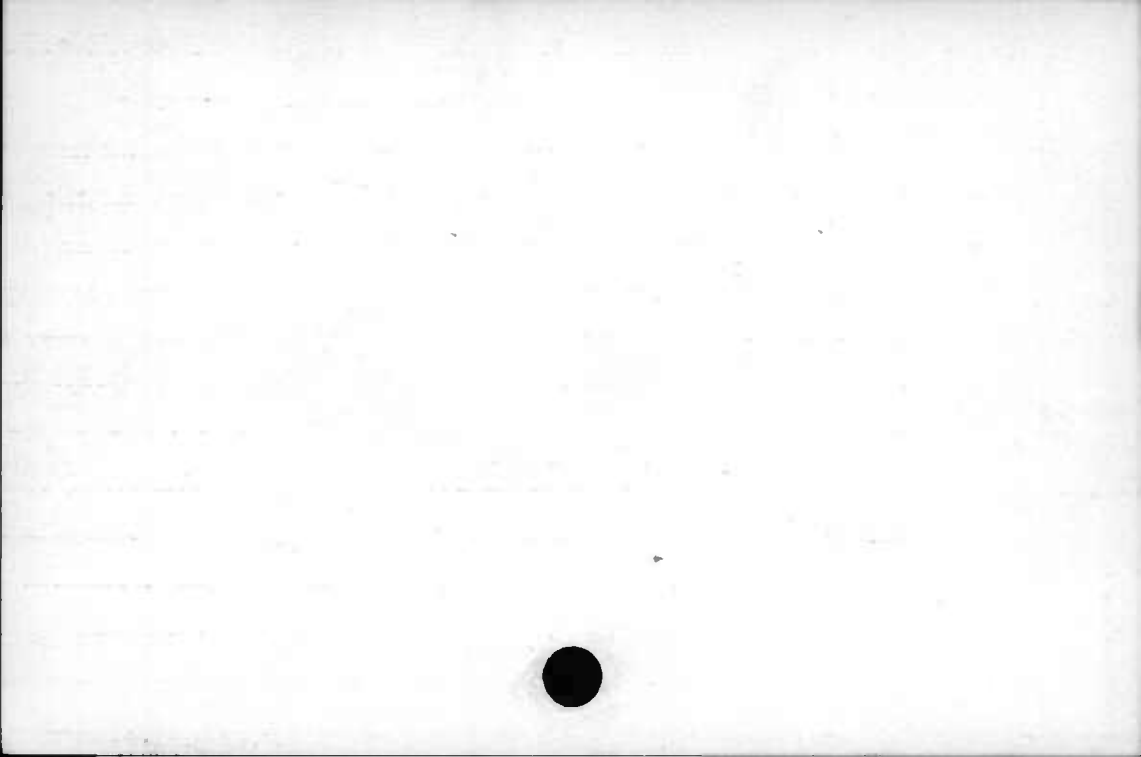
MARYLAND

Died at <u>Tilghman</u> Town		<u>Talbot</u> County			
Date of death	1906	Month	4	Day	5
Age		Years		Months	4
Sex		Boy		Color or Race	white
Occupation				Birth-place	Tilghman
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		James Frampton		Father's Birthplace	Tilghman
Mother's Maiden Name		Gertrude Jones		Mother's Birthplace	Broad Creek
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Whooping Cough</u>	How long	<u>3 weeks</u>
Immediate	<u>Congestion of Lungs</u>	How long	<u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>W. W. Chairs,</u>	
Address		<u>Tilghman, Md.</u>	
Accident or Suicide?			



Name  
in  
Full

Lucania Gardner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> New Chappel		<sup>County</sup> Talbot		MARYLAND	
Date of death	1906	Month	April	Day	16
Age	37	Years		Months	7
Sex	Female	Color or Race	Black	Birth-place	Talbot County
Occupation	cook	Where Residing if not at place of death		✓	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Isaac Gardner			Father's Birthplace	Talbot
Mother's Maiden Name	Rachel Dixon			Mother's Birthplace	Talbot
Name of person giving information	Rachel Gardner			How related to deceased	Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Labors	How long	(140)
Immediate	Effect of labor	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Mandeville	
		Easter Md	
Accident or Suicide?			

18. m. chaffee



Name  
in  
Full

Sarah Ann Groze

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Fairbank

Town

Talbot

County

Date of death 1906

Month

April

Day

2

Years

Age 69

Months

11

Days

14

Sex

Female

Color or Race

White

Birth-place

Lancaster Co, Pa.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Widowed

Name of Wife or Husband

Michael D. Has. Groze

Father's Name

Warner Hayden

Father's Birthplace

—

Mother's Maiden Name

Dolly Hayden

Mother's Birthplace

—

Name of person giving information

James Groze

How related to deceased

Son

CAUSES OF DEATH

91

Primary

Chronic Bronchitis

How long

Five years.

Immediate

Heart Failure

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S. H. Wilson

Address

Lilyman

Ind

Accident or Suicide?

—



Name in Full		Florence Jackson				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
St Michaels		Tuloh					
Date of death		Month	Day	Age	Years	Months	Days
1906		April	27	18			
Sex	Female		Color or Race	Colored		Birthplace	St Michaels
Occupation			Where Residing if not at place of death		St Michaels		
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Gen. H Jackson				Father's Birthplace	
						Bay Side	
Mother's Maiden Name		Ida B. Jones				Mother's Birthplace	
						St Michaels	
Name of person giving information		Father				How related to deceased	

CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Consumption		How long	about a year
	Immediate	Heart failure		How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		
	Signature of Physician		C. D. Lewis		
	Address		St Michaels		
Accident or Suicide?		md			



Name  
in  
Full

Clarissa J Kemp

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

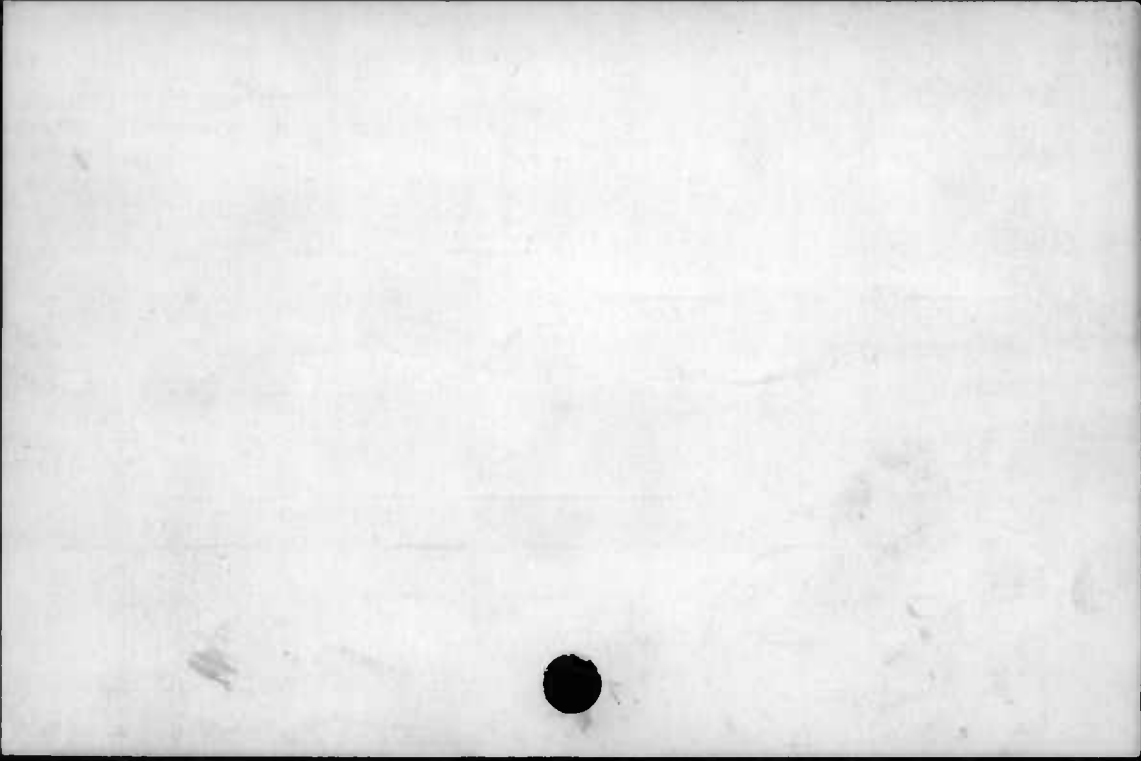
MARYLAND

Died at <u>Trappe</u> <small>Town</small>		<u>Talbot</u> <small>County</small>			
Date of death <u>1906</u>	<u>April</u> <small>Month</small>	<u>28</u> <small>Day</small>	Age <u>70</u> <small>Years</small>	<u>0</u> <small>Months</small>	<u>13</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Delaware</u>		
Occupation <u>House wife</u>	Where Residing if not at place of death				
Married, <del>Single</del> <u>Married</u>	Name of Wife or Husband <u>Thomas J. Kemp</u>				
Father's Name <u>Aaron Wyatt</u>	Father's Birthplace <u>Delaware</u>		Mother's Birthplace <u>Delaware</u>		
Mother's Maiden Name <u>Ann Cohee</u>	How related to deceased <u>Daughter</u>				
Name of person giving information <u>Anna Hilditch</u>					

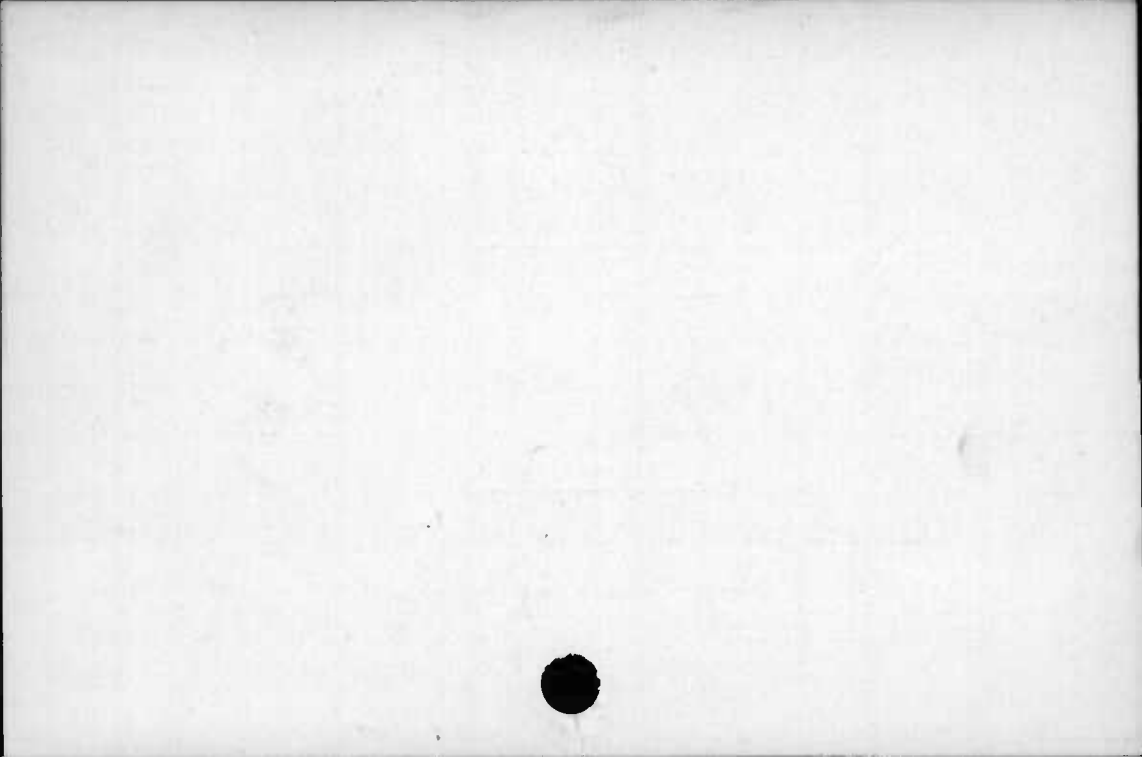
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Empyema, sequel of</u>	How long <u>3 months</u>
Immediate <u>Pleuritis, Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. S. Seymour</u>
	Address <u>Trappe, Md.</u>
Accident or Suicide? <u>No</u>	



Name in Full		Bessie M. Miller				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Near Cordora		Talbot					
	Date of death		Month	Day	Years	Months	Days	
	1906		April	1	Age	1	28	
	Sex	Female		Color or Race	Colored		Birth-place	Place of death
	Occupation			Where Residing if not at place of death				
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name		Jno. Miller		Father's Birthplace		Talbot Co.	
	Mother's Maiden Name		Florence Monday		Mother's Birthplace		Talbot Co.	
	Name of person giving information		Jack Miller		How related to deceased		Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		1 Diphtheria		How long		Ten days	
	Immediate		Exhaustion		How long			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. L. Loring	
	Child had no medical attention		Address		Cordora		Md.	
	Accident or Suicide?							





Name  
In  
Full

Fannie Ellen Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>St. Michael</i>		Town <i>Talbot Co</i>		County	
Date of death	<i>1906</i>	Month <i>April</i>	Day <i>25</i>	Age <i>One</i>	Years <i>Six</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>St. Michaels Md.</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Chas Miller</i>	Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Emma Hopkins</i>	Mother's Birthplace <i>St. Michaels</i>				
Name of person giving information <i>Chas Miller</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia (Bronchial)</i>	How long <i>2 days</i>
Immediate <i>Arterial</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. J. M.D.</i>
	Address <i>St. Michaels Md.</i>
Accident or Suicide?	



Name in Full <b>Alice Murray</b>		Town <b>near Eastern</b>		County <b>Talbot</b>		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Date of death		Month		Day		Months	
1906		April		2		10	
Sex		Color or Race		Birthplace		Days	
Female		Black		Eastern		—	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
John Murray		Father					
Hennetta Chase		Mother					
John Murray		Father					
CAUSES OF DEATH							
Primary		How long					
Meningitis		2 weeks					
Immediate		How long					
Pneumonia		1 week					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
		Address					
		Eastern					
Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>New Easton</i> <sup>Town</sup>		<i>Zalbor</i> <sup>County</sup>		MARYLAND
	Date of death	<i>1906</i>	Month <i>April</i>	Day <i>13</i>	Age <i>71</i>
	Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Md</i>	
	Occupation <i>none</i>		Where Residing if not at place of death <i>"</i>		
	Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Thomas Ornet</i>			
	Father's Name	Father's Birthplace			
	Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information		<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; font-size: 40px;">120</div>		How related to deceased	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Bright's Disease</i>		How long <i>6 Mos</i>		
	Immediate <i>Exhaustion</i>		How long <i>open necks</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. R. Shippe</i>		
			Address <i>Easton Md</i>		
Accident or Suicide?					

Lausling Head  
apc 15

Name  
in  
Full

## CERTIFICATE OF DEATH

Hornay Douglas Roberts

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Apr</u>	Day <u>5</u>	Age <u>—</u>	Months <u>11</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Easton</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Ernest Roberts</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>Corrie Rusin</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>E. Roberts</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Measles</u>	How long <u>5 days</u>
Immediate <u>Convulsions</u>	How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. B. Merritt</u>
	Address <u>Easton</u>
Accident or Suicide?	

Apr 6 / 02  
Hammonts Farm



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full **Annie Matilda Todd**

CERTIFICATE OF DEATH

MARYLAND

Died at **Easton** Town

**Tulbert** County

Date of death **1906 Apr** Month

**12** Day

**73** Age Years

Months

Days

Sex **Female**

Color or Race **White**

Birthplace **Cornelius Co., Ind**

Occupation **housewife**

Where Residing if not at place of death

Married, Single or Widowed **Widow**

Name of Wife or Husband **Turnell Todd**

Father's Name **Thygeson Sullivan**

Father's Birthplace **Cornelius Co., Ind**

Mother's Maiden Name **Billiter**

Mother's Birthplace **Cornelius Co., Ind**

Name of person giving information **Mrs. Todd**

How related to deceased **Sons Wife**

CAUSES OF DEATH

Primary **Acute Indigestion**

Immediate **Heart Failure**

How long **2 hrs**

How long **1 hour**

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

April 15<sup>th</sup>  
Mathews Town

Name  
in  
Full

CERTIFICATE OF DEATH

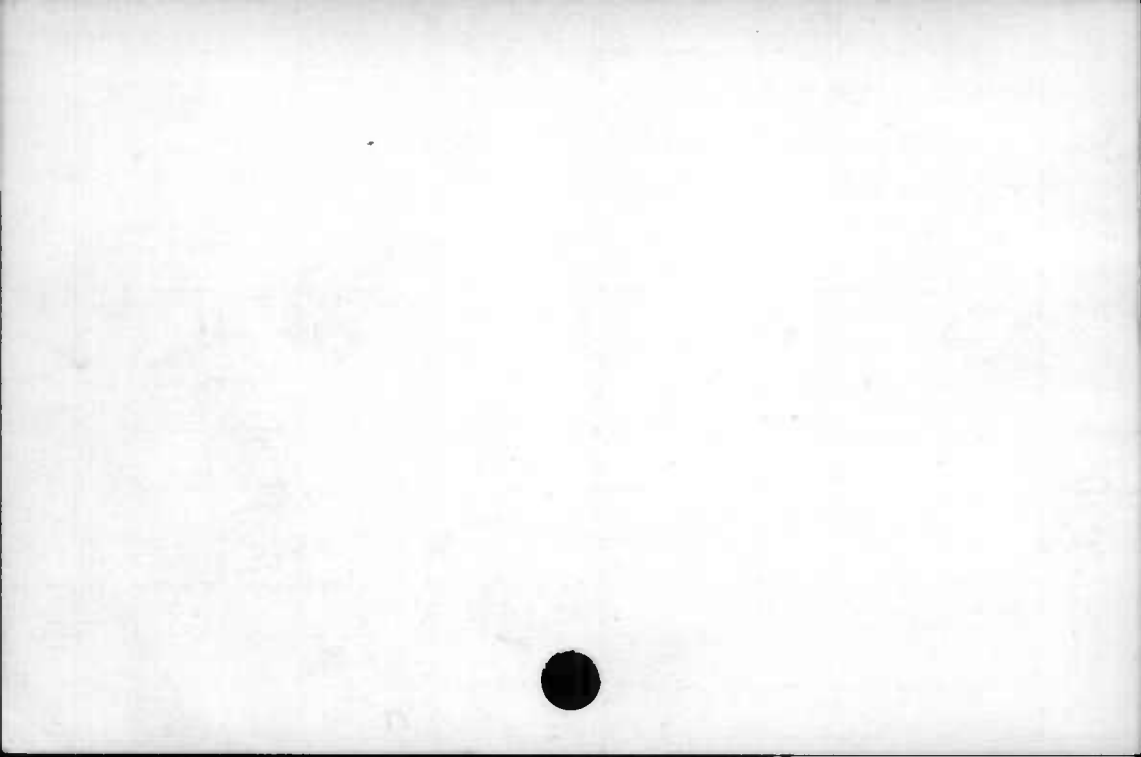
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Bellevue</i>		Town <i>Townsend</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>April</i>	Day <i>11<sup>th</sup></i>	Age <i>75</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co</i>			
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, <del>Single</del> <del>or Widowed</del>		Name of Wife or Husband <i>Francis Townsend nee Dawson</i>					
Father's Name		<i>Alex Townsend</i>			Father's Birthplace <i>Talbot</i>		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information		<i>Phelimon Townsend</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Valvular trouble of heart</i>		How long	<i>2 or 3 yrs</i>
Immediate	<i>Heart failure</i>		How long	<i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Sam'l B. Trippe</i>	
			Address <i>Royal Oak</i>	
			<i>Maryland</i>	
Accident or Suicide?		<i>—</i>		



Name in Full		Clifton Vigil				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Easton		County Talbot		
		Date of death		1906	Month 4	Day 29	Age 0	Months 10
		Sex		Male		Color or Race African		Birthplace Talbot Co. Md.
		Occupation				Where Residing if not at place of death		
		Married, Single or Widowed				Name of Wife or Husband		
PHYSICIAN OR CORONER		Father's Name		Walter Gibson		Father's Birthplace Talbot Co. Md.		
		Mother's Maiden Name		Beulah Vigil		Mother's Birthplace Talbot Co. Md.		
		Name of person giving information		Harrison H. H. 15		How related to deceased Grandfather		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Cerebro-spinal meningitis		How long 3 days		
		Immediate		Circulatory failure		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician P. O. Williams M.D.		
						Address Easton Md.		
		Accident or Suicide?						

30 April

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Buckwilde</i>		County <i>Salbot Co</i>		MARYLAND	
Date of death 1906	Month <i>4</i>	Day <i>10</i>	Age <i>5</i>	Years	Months	Days <i>2</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth- place <i>Salbot Co, Ind.</i>			
Married, Single or Widowed <i>Single</i>		Occupation _____					
Name of Wife or Husband _____							
Father's Name <i>J. L. Blair. Hatt. Sr.</i>				Father's Birthplace <i>Scotland.</i>			
Mother's Maiden Name <i>Florence Frazier</i>				Mother's Birthplace <i>Indiester Co, Ind.</i>			
Name of person giving in formation <i>S. C. Hatt. Sr</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute meningitis.</i>	How long	<i>4 days.</i>
Immediate	<i>Coma</i>	How long	<i>8 hours -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Joseph A. Ross M.D.</i>	
		Address <i>Trappe, Ind</i>	
<del>Accident or Suicide?</del>			





Name  
in  
Full

Wm. Alexander Webb

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>M<sup>c</sup> Daniel</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1906	Month 4	Day 17	Age	Years 58	Months 5	Days 27
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Caroline Co.</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death		<i>M<sup>c</sup> Daniel</i>	
Married, <del>Single</del> <del>or Widowed</del>			Name of Wife or Husband <i>Lizzie Wilson</i>				
Father's Name <i>John H. Webb</i>				Father's Birthplace <i>Caroline Co.</i>			
Mother's Maiden Name <i>Mary Boston</i>				Mother's Birthplace <i>Caroline Co.</i>			
Name of person giving In formation <i>John H. Webb</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Joseph E. Skinner, M.D., Coroner*

Address

*M<sup>c</sup> Daniel, Md.*

Accident or Suicide?

